

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10680286 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4		0				
5		0				
6		0				
7		0				
8	1					
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50						
TOTAL IND.						
TOTAL DEP.	6					
TOTAL CLAIMS	8					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						